## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10624246

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			113		agent of the state			RATE	FEE		RATE	FEE
FOR NU				NUMBER FILED		NUMBER EXTRA		BASIC FEE	375.00	OR	BASIC FEE	750.00
TO	TAL CHARGEA	BLE CLAIMS	いつ minus 20=		* 义_	Š		X\$ 9=		OR	X\$18=	400
INDEPENDENT CLAIMS \ \ \ \ minus 3 =					* ¬			X42=		OR	X84=	580
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter					"0" in c	column 2		TOTAL		OR	TOTAL	8/18
CLAIMS AS AMENDED - PART II							,	7.1	ENTITY		OTHER SMALL I	THAN
		(Column 1) CLAIMS		(Colur HIGH		(Column 3) I	, 1	SMALL		OR I I	SWALL	
AMENDMENT A		REMAINING AFTER AMENDMENT	*	NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONA <b>L</b> FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	!	OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	CL AIM	=		X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	OLTIPLE DE	PENDEN	CLAIIVI		J	+140=		OR	+280=	
								TOTAL		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	IEST BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	'	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	7	OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	r CL AIM	<u>                                     </u>	1	X42=		OR	X84=	
L	FIRST PRESE	INTATION OF IVI	OLTIPLE DE	CINDEIN	CLAIIVI		_	+140=		OR	+280=	
								TOTAL		OR	TOTAL	
(Column 1) (Column 2) (Column 3)								ADDIT. FEE I		•	ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T C1 111	-		X42=		OR	X84=	
Ļ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE										OR	TOTAL	
**	If the "Highest Nu	umber Previously Fa mber Previously Pa	aid For" IN TH	IS SPACE	is less th	an 3, enter "3."			propriate bo	•	ADDIT. FEE olumn 1.	<u> </u>